BCPharmaCare *Newsletter*

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Please circulate among dispensing staff.

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PharmaCare Coverage of Adalimumab (Humira®) for Rheumatoid Arthritis

Effective **July 20, 2005**, adalimumab is available for coverage for the treatment of severely active rheumatoid arthritis under the PharmaCare Limited Coverage Program, through the Special Authority process, when prescribed by a rheumatologist or internist with a rheumatology specialty.

The updated coverage criteria for adalimumab are identical to the criteria for etanercept (Enbrel®) and infliximab (Remicade®). Please note that adalimumab should not be used in combination with other tumour necrosis factor (TNF) antagonists.

PharmaCare covers twenty-six 40mg doses of adalimumab per year, administered every other week.

When dispensing adalimumab, the quantity claimed should be the number of syringes dispensed; the days supply entered should be the period of benefit—for example, Quantity = 2 (syringes), Days Supply = 28.

The initial coverage criteria for anti-TNF medications for the treatment of rheumatoid arthritis have been clarified. These minor changes will not affect renewals for patients with existing Special Authorities.

Criteria and forms are available on the Limited Coverage Drug Program pages of the PharmaCare Web site. If only the forms are required, quick access is available from PharmaCare's home page by selecting Forms from the Contents menu.

BC Palliative Care Benefits Program

Since February 1, 2001, BC residents who choose to receive palliative care services at home can receive assistance from the provincial government with the cost of palliative care medications, medical supplies and medical equipment.

The program was originally funded and administered by the Ministry of Health Home and Community Care Division. Payment for the drugs dispensed to eligible patients under the drug plan portion was facilitated by PharmaCare through PharmaNet. Local health authorities administered the portion of the program dealing with medical supplies and equipment.

Effective April 1, 2005, the BC Palliative Care Drug Program portion is fully funded and administered by PharmaCare. Local health authorities retain full responsibility for the administration of medical supplies and equipment.

There are no changes to the eligibility criteria for the program or to the medications included in the Palliative Care formulary. The physician determines a patient's medical eligibility for palliative care benefits.

Notes re eligibility: Individuals covered by the Non-Insured Health Benefits (NIHB) Program of Health Canada or Veterans Affairs Canada (VAC) will require coverage under the program only if a medication is not covered by NIHB or VAC. Members of the Canadian Forces and RCMP receive coverage through their employers and are, therefore, not eligible for this program.

Physicians submit applications for patient coverage under the BC Palliative Care Benefits Program to Health Insurance BC, which now delivers Medical Services Plan and PharmaCare services, at fax number 250-405-3587 and to the local Home and Community Care of the local health authority.

Palliative Care Formulary

The palliative care formulary includes both prescription and over-the-counter medications. Over-the-counter medications listed in the formulary are eligible for coverage only if the physician writes a prescription for them.

For general information on the program and the medications included in the formulary, visit the PharmaCare Web site at www.healthservices.gov.bc.ca/pharme or contact Health Insurance BC (HIBC) in Vancouver at **604-683-7151** or toll-free in BC at **1-800-663-7100**. Representatives are available Monday to Friday from 8:00 a.m. to 8:00 p.m. and Saturday and Sunday from 8:00 a.m. to 4:00 p.m.

For information on additions to the palliative care formulary, please fax or write to:

Administrative Services / PharmaCare Pharmaceutical Services
Palliative Care Drug Benefit Program
Ministry of Health
1515 Blanshard Street
Victoria BC V8W 3C8
Fax: Victoria 250-952-2116 or toll-free in BC 1-800-609-4884.

For information on Special Authority coverage for a drug that is not included in the formulary but is needed to alleviate patient discomfort (and there is no substitute for that drug in the formulary), physicians can submit a Special Authority (SA) Request form to the usual SA Program fax number. The form should be clearly marked "For Palliative Care Registrant" to ensure it receives first priority adjudication and should include adequate documentation.

Changes to Blood Glucose Monitoring Certificates

The wallet card certificates for Blood Glucose Monitoring Certificates have been updated. The new wallet cards include:

- **Space for a termination date**. If the Diabetic Education Centre leaves this space blank or writes "indefinite," the certificate is a permanent certificate. If it bears a termination date, it is a temporary certificate.
- **Consent for the release of information and a space for the patient's signature**.

You may begin to see these new wallet cards in the next few weeks.

IMPORTANT: Previous certificates (including the original forms and wallet cards) remain valid; patients do **not** need to have those certificates replaced.

Policy Reminder—Needles & Syringes for Non-Insulin Therapy

Needles and syringes for patients who are not insulin dependent are not a PharmaCare benefit.

Claims for needles and syringes for **non-insulin** therapy (e.g., heparin, Gravol® injections, infusion kits, etc.) should be entered on PharmaNet using **PIN 66123227** (PharmaCare non-benefit for non-drug medical supplies).

The PharmaCare/PharmaNet: Policies and Procedures manual, Section 10.6.1, *Insulin, Needle and Syringes* states:

> *"PharmaCare provides coverage for insulin, needles and syringes for insulin dependent diabetics...*
>
> *Claims for needles and syringes are covered only for insulin-dependent diabetic patients. Claims must be submitted with the PIN 999725 (Needles/ Syringes--Insulin Use Only)...*
>
> *Retrospective reviews that reveal claims for needles and syringes for non-insulin users are subject to cost recovery by PharmaCare".*

Data analysis of needle and syringe claims submitted between November 2002 and March 2005 showed that 180 pharmacies entered PharmaCare claims amounting to $30,000 for needles dispensed to patients who were not insulin dependent. These claims will be the subject of a future audit. Pharmacy correction of the PIN will limit the size of the possible audit recovery due to PharmaCare overpayment.

Correct Quantity for Desmopressin® Acetate Nasal Spray 0.1 MG/ML

PharmaCare's price for Desmopressin® Acetate Nasal Spray is based on a 2.5ml bottle. When dispensing this product, please enter in ml per bottle (2.5) rather than the number of bottles.

If you have any difficulty entering a decimal, please contact PharmaCare Information Support through the PharmaCare HelpDesk (at Health Insurance BC).

Reminder - Submission of Plan B Invoices

To receive timely payment for the services you deliver to long-term care facilities and to prevent complication of the PharmaCare payment process, please submit Plan B invoices regularly at or near the end of each month, as described in the *PharmaCare/PharmaNet: Policies and Procedures* manual, Section 6.2.3.

Audit Update

PharmaCare Audit Recoveries—April 1, 2004 to March 31, 2005

Total audit recoveries for the 2004/05 fiscal year were $619,000. This amount was comprised of:

- $384,000 from the Remicade® desk audit,
- $101,000 from the Didrocal® desk audit,
- $67,000 from the Enbrel® desk Audit, and
- $67,000 for other audits, including onsite audits.

As highlighted by the size of the audit recoveries, small errors by individual pharmacies can account for large overpayments by PharmaCare.

The PharmaCare audit team is grateful for the cooperation of pharmacists and appreciates the time pharmacists devote to correcting procedures appropriately.

Audit Plan—April 1, 2005 to March 31, 2006

Desk Audits for Desmopressin® and Rebetron® are in progress. These desk audits involve corrections for quantity errors.

For pharmacies who elect not to pay by cheque, Electronic Funds Transfer (EFT) recoveries for these two audits will occur in July and early August. When an audit recovery adjustment is made to a pharmacy's weekly payment, PharmaCare automatically mails a remittance advice to the pharmacy.

Projected recoveries for these two audits are:

- Desmopressin® $62,000
- Rebetron® $105,000

The auditors would like to thank the pharmacists for their assistance in clarifying issues not readily apparent from the audit data.

Other planned desk audits include:

- Quantity errors for Avonex® and other Multiple Sclerosis drugs.
- Duplicate (same day) claims for methadone.
- Review of Plan B Special Services Fees.
- Follow-up audits for Remicade®, Enbrel® and Didrocal®.
- Several desk audits for individual pharmacies concerning compounding issues.
- Regional random audits in the Health Service Delivery Areas of Thompson/Cariboo/Shuswap, Kootenay Boundary, Vancouver Island (North), and Coast Garibaldi.

Special Services Fees

The number of Special Services fees paid by PharmaCare over the past twelve months are:

DATE	NO. OF FEES	DATE	NO. OF FEES
Jul 2005	3,046	Jan 2005	2,418
Jun 2005	3,353	Dec 2004	3,885
May 2005	3,135	Nov 2004	3,720
Apr 2005	3,244	Oct 2004	3,513
Mar 2005	2,888	Sep 2004	3,415
Feb 2005	2,618	Aug 2004	3,099

Limited Coverage Program

The following new products have been included as eligible PharmaCare benefits under the Limited Coverage Program by Special Authority only (please refer to Web site for criteria):

DIN	MAN	DRUG NAME
2247813	UNK-1	AVODART™ (dutasteride) CAP 0.5MG
2258595	ABB	HUMIRA™ (adalimumab) 40MG/0.8ML injection
2247027	UNK-2	KEPPRA® (levetiracetam) TAB 250MG
2247028	UNK-2	KEPPRA® (levetiracetam) TAB 500MG
2247029	UNK-2	KEPPRA® (levetiracetam) TAB 750MG
2253631	UNK-3	TEVETEN® PLUS (eprosartan mesylate 600MG/ hydrochlorothiazide 12.5MG) TAB
2256460	PFI	VFEND™ (voriconazole) TAB 50MG
2256479	PFI	VFEND™ (voriconazole) TAB 200MG

UNK-1: GlaxoSmithKline

UNK-2: Lundbeck Canada Inc.

UNK-3: Solvay Pharma Inc.

Benefits

The following new products are now eligible PharmaCare benefits for Plans B, C, F, I and, if applicable, Plan G.

DIN	MAN	DRUG NAME
2248128	JSO	AXERT (almotriptan malate) TAB 6.25MG
2248129	JSO	AXERT (almotriptan malate) TAB 12.5MG
2248347	ALL	COMBIGAN® (brimonidine tartrate/ timolol maleate) 0.2%/0.5% / ML ophthalmic solution
2247998	UNK-4	SERC® (betahistine dihydrochloride) TAB 24MG
2245894	BFI	URSO® DS (ursodiol) TAB 500MG
2246619	PFI	XALACOM™ (latanoprost 50MCG/ML and timolol maleate 5MG/ML) ophthalmic solution

UNK-4: Solvay Pharma Inc.

Non-Benefits

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	MAN	DRUG NAME
2251914	PMT	Acetaminophen Caffeine and 8mg of Codeine Phosphate TAB 300MG
2248817	PMT	Acetaminophen Caffeine and 8mg of Codeine Phosphate TAB 325MG
2248808	UNK-5	ADDERALL XR (mixed salts amphetamine) CAP 5MG
2248809	UNK-5	ADDERALL XR (mixed salts amphetamine) CAP 10MG
2248810	UNK-5	ADDERALL XR (mixed salts amphetamine) CAP 15MG
2248811	UNK-5	ADDERALL XR (mixed salts amphetamine) CAP 20MG
2248812	UNK-5	ADDERALL XR (mixed salts amphetamine) CAP 25MG
2248813	UNK-5	ADDERALL XR (mixed salts amphetamine) CAP 30MG
2259052	UNK-6	AMEVIVE™ (alefacept) 15MG/0.5ML intramuscular injection
2245972	PMS	ANDRODERM® (testosterone USP) 24.3MG transdermal delivery system
2247585	APX	APO-CALCITONIN (calcitonin – salmon synthetic) nasal spray 200IU/spray
2265559	JPC	CHLORPHENIRAMINE MALEATE TAB 4MG
2252716	ALC	CIPRODEX® (ciprofloxacin hydrochloride 0.3% and dexamethasone 0.1%) otic suspension
-----	HLR	COAGUCHEK PT & PTs test strips
2252147	PMT	DAYTIME COLD RELIEF (acetaminophen, dextromethorphan hydrobromide, pseudoepedrine hydrochloride) XS TAB
824305	FEI	DDAVP® (desmopressin acetate) TAB 0.1MG*
824143	FEI	DDAVP® (desmopressin acetate) TAB 0.2MG*
2244961	UNK-7	DIAPLEX (Vitamin and Mineral Supplement)
2248297	JSO	EVRA® (6.0MG norelgestromin and 0.60MG ethinyl estradiol) transdermal system
2254689	LIL	FORTEO™ (teriparatide [rDNA origin]) 250MCG/ML injection
2248417	FEI	GYNAZOLE-1® (butoconazole nitrate) 2% vaginal cream
2247520	AVP	KETEK® (telithromycin) TAB 400MG film coated -resubmission
2245913	AGA	KINERET™ (anakinra) 100MG/0.67ML pre-filled syringes
2252139	PMT	NIGHTTIME COLD RELIEF (acetaminophen, chlorpheniramine maleate, dextromethorphan hydrobromide, pseudoephedrine hydrochloride) XS TAB

* Non-benefit for the indication of nocturnal enuresis.

UNK-5: DBR Canada Inc.

UNK-6: Biogen Canada Inc.

UNK-7: Oryx Pharmaceuticals Inc.

Non-Benefits, continued.

DIN	MAN	DRUG NAME
2248077	HLR	PEGASYS® (peginterferon alfa-2a) 180MCG/0.5ML prefilled syringes
2248078	HLR	PEGASYS® (peginterferon alfa-2a) 180MCG/ML vials
2247104	PMS	PERIOSTAT™ (doxycycline hyclate) CAP 20MG
2256290	PFI	RELPAX™ (eletriptan hydrobromide) TAB 20MG
2256304	PFI	RELPAX™ (eletriptan hydrobromide) TAB 40MG
2246552	UNK-8	REMODULIN™ (treprostinil sodium) 1.0MG/ML injection
2246553	UNK-8	REMODULIN™ (treprsotinil sodium) 2.5MG/ML injection
2246554	UNK-8	REMODULIN™ (treprostinil sodium) 5.0MG/ML injection
2246555	UNK-8	REMODULIN™ (treprostinil sodium) 10MG/ML injection
2257130	AGA	SENSIPAR™ (cinacalcet hydrochloride) TAB 30MG
2257149	AGA	SENSIPAR™ (cinacalcet hydrochloride) TAB 60MG
2257157	AGA	SENSIPAR™ (cinacalcet hydrochloride) TAB 90MG
2245565	SFY	XATRAL™ (alfuzosin hydrochloride) TAB 10MG
2250519	UNK-9	ZAVESCA® (miglustat) CAP 100MG
2247099	LIL	ZYPREXA® INTRAMUSCULAR (olanzapine tartrate) 10MG/Vial injection

UNK-8: Northern Therapeutics Inc.
UNK-9: Actelion Pharmaceutiques Canada Inc.

Blood Glucose Test Strips

The following new blood glucose strips have been assigned PINs as indicated below for individuals on Plans C, F and I who have a valid Blood Glucose Training Certificate:

PIN	MAN	DRUG NAME
44123033	HLR	ACCU-CHECK AVIVA blood glucose test strips